

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****ATTORNEY LEAVE OF ABSENCE**

Complete this form, and mail it to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299

I, \_\_\_\_\_  
(Attorney's Name)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Attorney E-mail \_\_\_\_\_

GA Bar Number \_\_\_\_\_

Do hereby request that I be granted a leave of absence on cases in which I am counsel of record for the following period(s) of time:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).